

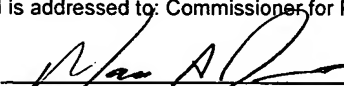
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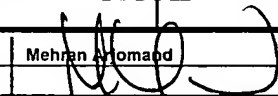
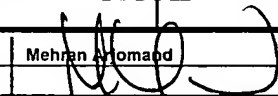
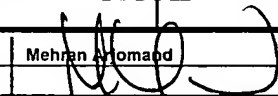
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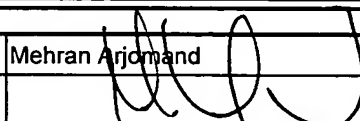
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UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No. 529742000100	
	First Inventor Morris STEFFIN	
	Title	METHOD AND APPARATUS FOR DETECTION OF DROWSINESS AND QUANTITATIVE CONTROL OF BIOLOGICAL PROCESSES
	Express Mail Label No. EL981958602US	
<small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		
CERTIFICATE OF MAILING BY "EXPRESS MAIL"		
Express Mail Label No.: EL981958602US Date of Deposit: October 23, 2003		
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
 Marco Jimenez		

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450, Alexandria, VA 22313-1450																																						
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 22] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 12]</p> <p>5. <input type="checkbox"/> Oath or Declaration [Total Pages 1] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">ACCOMPANYING APPLICATION PARTS</div> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney By Assignee <small>(where there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citation(s):</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>Should be specifically itemized</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other _____</p>																																						
<p>18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: *</p> <p>Prior application information: Examiner * Group / Art Unit: *</p> <p><small>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small></p>																																							
<p style="text-align: center;">19. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label or <input type="checkbox"/> Correspondence address below</p> <div style="border: 1px solid black; width: 300px; height: 80px; margin: 10px auto; text-align: center; font-size: 24px; line-height: 80px;">25224</div> <p style="text-align: center; font-size: 10px;">(Insert Customer No. or Attach bar code label here)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name</td><td colspan="4">Mehran Arjomand</td></tr><tr><td colspan="2">Address</td><td colspan="4">Morrison & Foerster</td></tr><tr><td colspan="2"></td><td colspan="4">555 W. 5th Street, 35th Floor</td></tr><tr><td>City</td><td>Los Angeles</td><td>State</td><td>CA</td><td>Zip Code</td><td>90013</td></tr><tr><td>Country</td><td>US</td><td>Telephone</td><td>(213) 892-5630</td><td>Fax</td><td>(213) 892-5454</td></tr></table> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>Name (Print/Type)</td><td>Mehran Arjomand</td><td>Registration No. (Attorney/Agent)</td><td>48,231</td></tr><tr><td>Signature</td><td></td><td>Date</td><td>October 23, 2003</td></tr></table>		Name		Mehran Arjomand				Address		Morrison & Foerster						555 W. 5th Street, 35th Floor				City	Los Angeles	State	CA	Zip Code	90013	Country	US	Telephone	(213) 892-5630	Fax	(213) 892-5454	Name (Print/Type)	Mehran Arjomand	Registration No. (Attorney/Agent)	48,231	Signature		Date	October 23, 2003
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Signature				Telephone		(213) 892-5630																																																																																																																																																																																			
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